

## Warwick Wanderers 2015 Fall Schedule

<u>DATE</u>	<u>PLACE</u>	<u>Walking Time</u>
Wednesday, September 16th	City Park (Meet by beach)	9:00am
Wednesday, September 22nd	Rocky Point	9:00am
Wednesday, September 30th	Fr Terrochi Field	9:00am
Wednesday, October 7th	City Park (Meet by beach)	9:00am
Wednesday, October 14th	Rocky Point	9:00am
Wednesday, October 21st	Fr Terrochi Field	9:00am
Wednesday, October 28th	City Park (Meet by beach)	9:00am
Wednesday, November 4th	Rocky Point	9:00am
Wednesday, November 18th	Fr Terrochi Field Luncheon, Place T.B.A.	9:00am 12:15pm

**INCLEMENT WEATHER:** If the weather is poor in the morning of the walk, sleep in and go out later when the sun is shining!

**Bring your friends!!! New Walkers are always welcome!**

Contact: Holly Weber  
Pilgrim Senior Center  
27 Pilgrim Parkway  
Warwick RI 02888  
468-4074 [Holly.m.weber@warwickri.com](mailto:Holly.m.weber@warwickri.com)

# Warwick Wanderers Registration Information

## Fall 2015

Please fill out all of the information below and return with your \$4.00 registration fee. You can mail this back or simply bring it with you the first time you walk.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail \_\_\_\_\_

Any health conditions you feel we should be aware of:

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Mail back to us at:  
Pilgrim Senior Center  
Attn. Holly Weber  
27 Pilgrim Parkway  
Warwick RI 02888

I, the undersigned, have voluntarily joined the Wanderers Walking Program as a program through the Pilgrim Senior Enrichment Center, 27 Pilgrim Parkway, Warwick, RI in order to pursue an exercise and fitness program. I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program.

I knowingly, voluntarily and expressly waive any claim I may have against the City of Warwick and/or the Pilgrim Senior Center for injury or damages that I may sustain as a result of participating in the program.

I, my heirs or representatives forever release waive, discharge and covenant not to sue the City of Warwick and/or the Pilgrim Senior Center for any injury or death caused by their negligence or other acts.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_